

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other 1st CO

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The First Academy Date: 9-16-22 Time: 11

Location Address: 1151 Blue Hills Ave, Bloomfield Telephone #: 800 206-1907

e-mail address: thefirstacademy@gmail.com License #: 70269 Expiration Date: 10-31-23

Capacity: 76 # of Children Present: 18 # of Staff Present: 7

Consent to Inspect Family Child Care Home I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: 1st consent order inspection

Observations/Corrections needed:

NS # 8 - observed training completed 8-26-22 discussed all new hires complete training and training is conducted yearly

S # 9 - did not observe documentation of quarterly visits by education consultants and did not observe evaluation with recommendations

S # 10 - did not observe verification of implementation

NS # 11 - observed DCF mandated reporter training conducted 9-1-22. Discussed another training to be conducted next year and all new staff receive training.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] Kenn Edy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9-30-22

Signature: [Signature]
(Person in Charge)
Elith Howard

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The First Academy License # 79269 Date: 9-16-22

Observations/Corrections needed:

NS #12 - All staff took American Safety and Health Institute Basic First Aid class on 8-31-22. Discussed with director conducting another training next year.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Erith Howard

OEC BY: 9-30-22